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PTO/SB/05 (03-01)  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	10271-060-999	Total Pages	135
	First Named Inventor or Application Identifier			
	Kiener			
	Express Mail Label No.	EV 452 772 329 US		

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapters 600 concerning utility patent application contents.</i>	<b>Address to:</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Mail Stop PATENT APPLICATION</b> <b>Alexandria, VA 22313-1450</b>
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1. ☒ Fee Transmittal Form  
*(Submit an original, and a duplicate for fee processing)*
2. ☐ Applicant claims Small Entity status, see 37 C.F.R. § 1.27
3. ☒ Specification [Total Pages 99 ]  
*(preferred arrangement set forth below, MPEP 1503.01)*  
- Descriptive title of the Invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R&D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description of the Invention (including drawings, if filed)  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 20 ]
5. ☒ Oath or Declaration (Unexecuted) [Total Sheets 2 ]  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 18 completed)*  
i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☒ Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*  
a. ☐ Computer Readable Form (CRF)  
b. ☒ Specification Sequence Listing on:  
i. ☒ CD-ROM or CD-R (2 copies); or  
ii. ☒ paper  
c. ☒ Statement verifying identity of above copies

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<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(i). Applicant must attach form PTO/SB/35 or it's equivalent	
17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: filed

Prior application information: Examiner: Group Art Unit:

**For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**

### 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number		20583 <i>Insert Customer No.</i>		<input type="checkbox"/> Correspondence address below	
NAME					
ADDRESS					
CITY	STATE		ZIP CODE		
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**JONES DAY**  
 COUNSELORS AT LAW  
 222 East 41st Street  
 New York, New York 10017

ATTORNEY DOCKET NO. 10271-060-999

Date: April 12, 2004

Commissioner for Patents  
 P.O. Box 1450  
 Mail Stop PATENT APPLICATION  
 Alexandria, VA 22313-1450

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Peter A. Kiener, Michael S. Kinch, Executed on:  
 Solomon Langermann and Jennifer L.  
 Reed

Title of Invention: EphA2 and Hyperproliferative Cell Disorders

**PATENT APPLICATION FEE VALUE**

TYPE	NO. FILED	LESS	EXTRA	EXTRA RATE	FEE
Total Claims	47	- 20	27	\$18.00 each	\$ 486.00
Independent	4	- 3	1	\$86.00 each	\$ 86.00
Minimum Fee					\$ 770.00
Multiple Dependency Fee					\$ 290.00
If Applicable (\$290.00)					
<b>Total</b>					\$ 1632.00
Applicant qualifies for the 50% Reduction for Independent Inventor, Nonprofit Organization or Small Business Concern					\$ 0
<b>Total Filing Fee</b>					\$ 1632.00

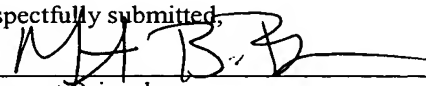
☐ **DO NOT PUBLISH.** I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

☒ Priority of application no. 60/462,024 filed on April 11, 2003 is claimed under 35 U.S.C. § 119.

☐ The certified copy of the priority application has been filed in application no. filed on .

Please charge the required fee to Jones Day Deposit Account 503013. A copy of this sheet is enclosed.

Respectfully submitted,

  
 Margaret Brivanlou  
 JONES DAY

40,922  
 Reg No.

Enclosure